1	2	3
	For General Ward For Semi-Private Ward For Private Ward	Upto Rs. 11,250/- Rs. 11,251/-to Rs. 15,750/- Rs. 15,000/-and above
(e)	Pay Slabs for determining the entitlement of Nursing Home facilities in Central Government/ State Government/Municipal hospitals	Rs. 11,250/- and above
(f)	Pay Slabs for determining the entitlement of accommodation in AIIMS.Newdelhi	
	For General Ward	Upto Rs. 15,750/-
	For Private Ward	Rs. 15,751/-to Rs 20.250/-
	For Private Ward/Dekix Ward	Rs 20,251/- and above

National Family Health Survey

363. SHRI MAHENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Family Health Survey-3 has submitted its finding and if so, what are its findings;

(b) what are the areas of concern that have been reflected in the survey; and

(c) what efforts are proposed by Government to address those areas of concerns?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The National Family Health Survey-3 has been conducted in 29 States. The field work was carried out in two phases that started in December 2005 and was completed in August 2006. The results of five States covered in phase-i *viz* Chhattisgarh, Gujarat, Maharashtra, Punjab and Orissa for few key indicators have been released.

2. Preliminary facts from the 2005-06 National Family Health survey for Chhattisgarh, Gujarat, Maharasthra, Orrissa, and Punjab reveal that some health and family welfare indicators have improved markedly in the past seven years since National Family Health Survey 2 conducted in 1998-99, while nutritional deficiencies remain a major challenger.

3. The following is a summary of key findings of NFHS-3 from the five States:

- Fertility has continued to decline in all five states. The fertility decline is consistent with an increasing desire among women to limit their family size. At least three-quarters of women who currently have two children do not want any more children. However, son preference remains a barrier to more rapaid decline in fertility since only about half of women with two daughters and no sons want to stops childbearing.

- Use of modern contraception has continued to rise in all five states. The contraceptive prevalence rate shows that about two-thirds of women in Gujarat, Maharashtra, and Punjab and currently using some method of contraception, compared with half of women in Orissa and Chhattisgarh. The most rapid increases in contraceptive use in the last seven years among these five states have been in Chhattisgarh (from 45% to 53%) and Gujarat (from 59% to 67%). Since 1998-99, the median age of women at the time of their first brith has increased by about one year in Chhattisgarh and Maharashra, increased by about half a year in Orissa and Gujarat, and remained about the same in Punjab. The median age at firsi brith ranges from 18.8 years in Chhattisgarh to 21 4 years in Punjab.

- Mothers receive some antenatal care for 87-93% of births, but only 55-75% of women receive antenatal care at least three times during their pregnancies, as recommended. *Institutional births have been steadily increasing over time in all states except Chhattisgarh, where there has been only a slight increase in the last seven years.* With regards to postnatal care within 2 days, after delivery, the percentage actually receiving such care ranges from only 23% in Chhattisgarh to 54-59% in Maharashtra, Punjab and Gujarat.

- Impressive gains in immunization coverage have been made in Chhattisgarh and Orissa, but in Maharasthra, Punjab and Gujarat, there has been a substantial deterioration in full immunization coverage in the last seven years, due to a decline in vaccination coverage for both DPT and polio.

- Diarrhoea continues to be a major health issue for many children in these five states. Although knowledge about Oral Rehydration Salts (ORS) for the treatment of diarrhea is widespread among mothers, only 28-42% of children who had diarrhea received a solution made from ORS packets.

- Survey indicates that both men and women suffer from nutritional deficiencies. More than 40% of ever-married women and about one-third of ever-married men in Orissa and Chhattisgarh are abnormally thin for their height In Gujarat and Maharastra, one-third of women and 20-25% of men are abnormally thin. Under nutrition is much lower in Punjab (only 12-14% of women and men are too thin), but obesity is a major problem in that State. In Punjab, 38% of women and 30% of men are over weight or obese. In urban areas of Punjab, almost half of women (45%) are overweight or obese. In all five states, obesity is a growing problem.

- There has been substantial improvement in the nutritional status of young children since 1998-99 in Orissa, Maharashtra and Chhattisgarh, but nutritional deficiencies are still widespread in these states (40-52% of children are underweight). There has been no improvement in nutritional status in the last seven years in Gujarat, where 47% of children are underweight. Undernutrition is considerably lover in Punjab, but even in that state 27% of young children are underweight.

- There is high level of anaemia in both adults and children. The percentage of ever-married women who have anaemia ranges from 38% in Punjab to 63% in Orissa. Men are much less likely than women to be anaemic. The survey found remarkably high prevalence of anaemia (72-81%) in children age 6-35 months in all five states.

- Results indicate that knowledge of AIDS among women in these states has been increasing rapidly over time. Between 1998-99 and 2005-06, the percentage of ever-married women who have heard of AIDS increased from 20% to 41 % in Chhattisgarh, from 30% to 49% in Gujarat, from 39% to 62% in Orissa, from 55% to 70% in Punjab, and from 61% to 79% in Maharashtra. In all five states,men are much more likely than women to have heard of

AIDS. Two-thirds of men in Chhattisgarh and more than 90% of men in Maharashtra and Punjab have heard of AIDS.

(c) The Govemment of India has launched National Rural Health Mission on 12th April 2005 throughout the country, with special emphasis on 18 States, poor health indicators.

2. This Mission encompasses the Reproductive & Child Health Programme (RCH-II), which in addition to the maternal and child health care and Family Planning, focuses on micronutrient interventions. For controlling Iron Deficiency Anaemia, RCH-II implements the National Anemia control programme wherein iron and folic acid tablets are distributed through Sub-centers and Primary Health Centres to targeted population *viz.* pregnant women, lactating women and children (1-5 yrs old). Every pregnant woman is given 100 tablets of iron and folic acid (large) for prevention of anaemia. Anemic pregnant women are given additional 100 tablets.

3. Anaemic children are provided with 100 tablets of iron and folic acid .(small).

- Under the Prophylaxis programme to prevent nutritional blindness due to vitamin A deficiency, vitamin A supplementation is provided to all children below one year of age.
- Impetus is given to Universal Immunization, Diarrhea Control, Acute Respiratory Infection Control and the Janani Suraksha Yojana. Efforts have been made for the convergence with the concerned implementing Ministries for the provision of. safe drinking water as well as Environmental Sanitation and personal Hygiene. With rega'rds to implementation, a village level worker "ASHA" has been introduced in all villages in these states. Following vertical programmes are also being implemented.
- Pilot Programme for Control of Micronutrient Malnutrition, being implemented in one district each of Assam, Bihar, Gujarat, Jharkhand, Orissa and West Bengal.
- Integrated Child Development Services (ICDS)
- Poverty Alleviation Programmes like the Swarn Jayanti Gram Swarozgar Yojana, a. holistic programme for promoting self-employment in rural areas and the Sampoorna Grameen Rozgar Yojana.

• National Programme of Nutritional Support to Primary Education (Mid-Day meal programme) to improve nutritional status of student of primary stage.

Cancellation of Passenger Train from Delhi to Kerala

364. SHRI A. VIJAYARAGHAVAN: Will the Minister of RAILWAYS be pleased to state:

(a) whether any passenger train from Delhi to Kerala State had been cancelled during the year 2006;

(b) if so, the details including the reasons for the same;

(c) if so, whether the steps would be taken to restore the train/re schedule the train as per the passenger requirements;

(d) whether the steps would be taken to provide more coaches to the passenger train to Kerala during the festival season; and

(e) if not, reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI R. VELU): (a) No. Sir.

(b) and (c) Do not arise

(d) and (e) Augmentation of trains is an ongoing process subject to operational feasibility, traffic pattern and availability of stock.

Rail Track between Shikohabad and Farrukhabad

365. SHRI T. S. BAJWA: Will the Minister of RAILWAYS be pleased to state:

(a) whether the rail track between Shikohabad and Farrukhabad is not fit for running high speed trains;

(b) whether the broad gauge line between Shilokohabad and Farrukhabad and Farrukhabad and Kanpur is under utilized; and

(c) if so, the steps taken/being taken to solve the problems?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI R. VELU): (a) and (b) Yes, Sir.